

Shawn B. Rediger, WSBA #26425
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The Honorable Brian D. Lynch
Chapter 11
Location: Courtroom I
Date: January 18, 2018
Time: 9:30 a.m.
Response Due: January 11, 2018

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

In Re:
OLYMPIA OFFICE LLC; WA PORTFOLIO
LLC; MARINERS PORTFOLIO LLC; and
SEAHAWK PORTFOLIO LLC,

Debtor.

CHAPTER 11
CASE NO. 17-44721-BDL-Lead Case
(Jointly Consolidated)

SUPPLEMENTAL DECLARATION OF
DANIEL A. BROWN IN SUPPORT OF
CHAPTER 11 DEBTORS' RESPONSE TO
MOTION FOR RELIEF FROM STAY
AND/OR DISMISSAL OF BANKRUPTCY
CASES

I, Daniel A. Brown, declare as follows:

1. I am a member at Williams Kastner, attorneys for the Debtors in this action, and I make this declaration based on my personal knowledge. If called to testify I would be competent to do so.

2. Attached as **Exhibit L** is a true and correct copy of the Evidence of Commercial Property Insurance on the Properties at issue, dated September 27, 2017, and disclosed to our office on January 10, 2018 in response to an inquiry regarding the same by Shawn Rediger,

SUPPLEMENTAL DECLARATION OF DANIEL A. BROWN IN
SUPPORT OF CHAPTER 11 DEBTORS' RESPONSE TO MOTION
FOR RELIEF FROM STAY AND/OR DISMISSAL OF
BANKRUPTCY CASES - 1

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1 reflecting insurance coverage for the “buildings” totaling \$44,962,154 (excluding the sold
2 Moses Lake property) and exclusive of \$4,848,744 in coverage for “business income.”

3 The foregoing statement is made under penalty of perjury under the laws of the United
4 States of America and is true and correct.

5 DATED this 16th day of January, 2018, at Seattle, Washington.

6 /s/ Daniel A. Brown
7 Daniel A. Brown, WSBA #22028
8 Shawn B. Rediger, WSBA #26425
9 Attorneys for Defendant
10 WILLIAMS, KASTNER & GIBBS PLLC
11 601 Union Street, Suite 4100
12 Seattle, WA 98101-2380
13 Telephone: (206) 628-6600
14 Fax: (206) 628-6611
15 dbrown@williamskastner.com
16 srediger@williamskastner.com
17 *Attorneys for Debtors Olympia Office LLC;*
18 *WA Portfolio LLC; Mariners Portfolio LLC;*
19 *and Seahawk Portfolio LLC*

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SUPPLEMENTAL DECLARATION OF DANIEL A. BROWN IN
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PROOF OF SERVICE

The undersigned hereby certifies that on January 16, 2018, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to the CM/ECF participants.

DATED this 16th day of January, 2018.

/s/ Daniel A. Brown
Shawn B. Rediger, WSBA #26425
Daniel A. Brown, WSBA #22028
WILLIAMS, KASTNER & GIBBS PLLC
601 Union Street, Suite 4100
Seattle, WA 98101-2380
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*Attorneys for Debtors Olympia Office LLC;
WA Portfolio LLC; Mariners Portfolio LLC;
and Seahawk Portfolio LLC*

SUPPLEMENTAL DECLARATION OF DANIEL A. BROWN IN
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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATKINSON

 DATE (MM/DD/YYYY)
 09/27/2017

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, No, Ext): (253) 833-5140		COMPANY NAME AND ADDRESS		NAIC NO: 35289	
HBT Insurance P.O Box 833 Auburn, WA 98071				Continental Insurance Company C N A 333 S Wabash Chicago, IL 60604			
Contact name:							
FAX (A/C, No): (253) 939-9356		E-MAIL ADDRESS: info@hbtinsurance.com					
CODE: AGENCY CUSTOMER ID #:		SUB CODE: CDCPROP-01 License # 224596		POLICY TYPE Commercial Package			
NAMED INSURED AND ADDRESS CDC Properties I, LLC c/o JSH Properties 20415 72nd Ave S, Ste 180 Kent, WA 98032				LOAN NUMBER		POLICY NUMBER 6042780922	
				EFFECTIVE DATE 09/29/2017		EXPIRATION DATE 09/29/2018	
ADDITIONAL NAMED INSURED(S)				THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) **BUILDING** OR **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION
See attached

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED		BASIC		BROAD		
				<input checked="" type="checkbox"/> SPECIAL				
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ DED: 10,000								
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	If YES, LIMIT: <input type="text"/> Actual Loss Sustained; # of months: 18			
BLANKET COVERAGE		<input checked="" type="checkbox"/>	If YES, indicate value(s) reported on property identified above: \$					
TERRORISM COVERAGE		<input checked="" type="checkbox"/>	Attach Disclosure Notice / DEC					
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>						
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>						
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>						
REPLACEMENT COST		<input checked="" type="checkbox"/>						
AGREED VALUE		<input checked="" type="checkbox"/>						
COINSURANCE		<input checked="" type="checkbox"/>	If YES, % <input type="text"/>					
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
- Demolition Costs		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
- Incr. Cost of Construction		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
FLOOD (If Applicable)		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>	If YES, LIMIT: <input type="text"/> DED:					
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>						

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

<input type="checkbox"/> CONTRACT OF SALE <input checked="" type="checkbox"/> MORTGAGEE	<input checked="" type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/> LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS				
NAME AND ADDRESS								
					AUTHORIZED REPRESENTATIVE 			
Additional insured information attached:								



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY HBT Insurance	License # 224596		NAMED INSURED CDC Properties I, LLC c/o JSH Properties 20415 72nd Ave S, Ste 180 Kent, WA 98032	
POLICY NUMBER 6042780922				
CARRIER Continental Insurance Company	NAIC CODE 35289	EFFECTIVE DATE: 09/29/2017		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

RE:

Location 1: 629 Woodland Square Loop SE, Lacey, WA 98503
 Location 2: 5000 Capitol Blvd SE, Tumwater, WA 98501
 Location 3: 637 Woodland Square Loop SE, Lacey, WA 98503
 Location 4: 645 Woodland Sqquare Loop SE, Lacey, WA 98503
 Location 5: 4565 7th Ave SE, Lacey, WA 98503
 Location 6: 640 Woodland Square Loop SE, Lacey, WA 98503
 Location 7: 1620 S. Pioneer Way, Moses Lake, WA 98837
 Location 8: 8830 25Th Ave SW, Seattle, WA 98106
 Location 9: 805 S Mission St, Wenatchee, WA 98801

Location 1: 629 Woodland Square Loop SE, Lacey, WA 98503	Building - \$5,632,256	Business Income - \$389,124
Location 2: 5000 Capitol Blvd SE, Tumwater, WA 98501	Building - \$6,551,658	Business Income - \$799,488
Location 3: 637 Woodland Square Loop SE, Lacey, WA 98503	Building - \$2,701,259	Business Income - \$333,108
Location 4: 645 Woodland Sqquare Loop SE, Lacey, WA 98503	Building - \$923,111	Business Income - \$102,576
Location 5: 4565 7th Ave SE, Lacey, WA 98503	Building - \$10,369,790	Business Income - \$1,083,000
Location 6: 640 Woodland Square Loop SE, Lacey, WA 98503	Building - \$13,130,032	Business Income - \$1,407,000
Location 7: 1620 S. Pioneer Way, Moses Lake, WA 98837	Building - \$3,033,790	Business Income - \$451,842
Location 8: 8830 25Th Ave SW, Seattle, WA 98106	Building - \$1,895,734	Business Income - \$209,364
Location 9: 805 S. Mission St, Wenatchee, WA 98801	Building - \$3,758,314	Business Income - \$525,084

Additional Insured information:

MLMT 2005-MCP1 Washington Office Properties, LLC ("Noteholder") - c/o Midland Loan Services, a division of PNC Bank, National Association
 10851 Mastin Street, Ste 300, Overland Park, KS 66210 - Attn: David Bornheimer

Midland Loan Services, a division of PNC Bank, National Association
 10851 Mastin Street, Ste 300, Overland Park, KS 66210 - Attn: David Bornheimer

Olympia Office LLC, 229 Linwood Ave, Cedarhurst, New York 11516
 Olympia Office LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.

WA Portfolio LLC, 229 Linwood Ave, Cedarhurst, New York 11516
 WA Portfolio LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.

Mariners Portfolio LLC , 229 Linwood Ave, Cedarhurst, New York 11516
 Mariners Portfolio LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.

Seahawk Portfolio LLC , 229 Linwood Ave, Cedarhurst, New York 11516
 Seahawk Portfolio LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.